

### CLASS T CITY LICENSE APPLICATION

# THIS APPLICATION IS SUBJECT TO REVIEW BY THE PUBLIC PLEASE TYPE OR PRINT IN INK

#### CITY OF SAINT PAUL

Office of License, Inspections and Environmental Protection 350 St. Peter Street, Suite 300 Saint Paul, Minnesota 55102 (651) 266-9090 Fax (651) 266-9124 Web: www.ci.stpaul.mn.us/liep

# LICENSES ARE NOT TRANSFERABLE PAYMENT MUST BE RECEIVED WITH EACH APPLICATION

Type of License(s) b		\$			
				\$	
Organization Name:					
Organization Addre	ss:				
	Street Address		City State	:	Zip
Mail To Address: _					Zip
Street Address		City	Sta	State	
Contact Name and P	Phone Number:				
List all officers of th	e organization:				
OFFICER	TITLE	HOME	HOME	BUSINESS	
NAME	(Office Held)	ADDRESS	PHONE	PHONE	
EVENT INFORMAT	TION:				
Event Address:					
	Hours of operation:				_
Clearance; Issuance	IDENTIFICATION NUMBER of Licenses), licensing authoritax identification number and	ities are required to provide to	the State of Minnesota		
regarding the use of - This infor withholding - Upon rece	a Government Data Practices A the Minnesota Tax Identificati mation may be used to deny the g or motor vehicle excise taxes; giving this information, the licent Federal Exchange of Information	on Number: sissuance or renewal of your lie; nsing authority will supply it or	cense in the event you ov	we Minnesota sales	s, employer's ne. However,
Minnesota Tax Idei	ntification Numbers (Sales & Deert Street North, Saint Paul, MN		ained from the State of	f Minnesota, Busir	ness Records
Social Security Num	ber:				
Minnesota Tax Ident	ification Number / Tax Exempt	ion Number:			

#### CERTIFICATION OF WORKERS' COMPENSATION COVERAGE PURSUANT TO MINNESOTA STATUTE 176.182

I hereby certify that I, or my company, am in compliance with the workers' compensation insurance coverage requirements of Minnesota Statute 176.182, subdivision 2. I also understand that provision of false information in this certification constitutes sufficient grounds for adverse action against all licenses held, including revocation and suspension of said licenses.

Name of Insurance Company:				
Policy Number:		Coverage from	to	
I have no employees covered	under workers' compensation	n insurance (INITIAL:	S)	
Α		NSWERS GIVEN OR MATEI N DENIAL OF THIS APPLIC		
I hereby state that I have answ of my knowledge and belief. I or otherwise, other than alread	hereby state further that I hav	re received no money or other	consideration, by way	
Sig	nature (REQUIRED for all a	applications)	D	ate
We will accept <sub>j</sub>	payment by cash, check (mad	le payable to City of Saint Pa	ul) or credit card (M/C	or Visa).
IF PAYING BY CREDIT CAI	RD PLEASE COMPLETE T	HE FOLLOWING INFORM	ATION: 9 Master	Card <b>9</b> Visa
EXPIRATION DATE:	ACC	COUNT NUMBER:		
99/99	9999	9999	9999	9999
·		<b></b>		
Name of Cardholder ( <b>please p</b> i	int)	Signature of Card Holder(require	ed for all charges)	Date

### SPECIFIC APPLICATION REQUIREMENTS

f applying for -	
Close Out	Attach a letter stating the reason for the sale, and a list of inventory, including wholesale or retail prices.
	Complete the attached affidavit.
	Complete the unuened urridavit.
Tag Days	
	Attach a letter requesting the tag days license.
	The letter should include the purpose and use of solicitation funds, names of people responsible for the
	distribution of collected funds, date, hours and location of solicitation.
	Attach a financial statement which includes the amounts of any wages, fees, commissions, costs or
	expenses paid or which are expected to be paid in connection with solicitation. Also list names of persons
	to whom payments have been made or will be made and the amounts of such payments.
	Attach a copy of the budget showing solicitations for this fiscal or calendar year.
Transient i	nerchant
	Attach information of where business will be conducted (name of business and address)
	Include Ramsey County Transient Merchant License Number.
T .44	
Entertainn	nent (for liquor establishments without an annual entertainment license)  Attach a letter requesting the temporary entertainment license.
	The letter should include the name and date of the event, hours of operation, and location of entertainment
Note:	Limit of 3 per year.
Liquor-Ext	tension of service area (for establishments with an annual liquor license)
	Attach a letter requesting the extension of service area for liquor and/or entertainment.
	The letter should include the name and date of the event, hours of operation, location of liquor service, and
	type of security and enclosures to be provided.  Attach district council approval or petition of approval from 60% or more of your neighbors within 300 feet
	Provide a notice 30 day s prior to proposed event to all residents within 300 feet.
NOTE	: Limit of 12 per year.
	K. V.
Liquor Ca	tering (for establishments with a State Catering License and City On Sale Liquor License)
	Complete Special Event Food Review and License Application (must apply for the annual license)
Liquor Cat	ering (for establishments with a State Catering License and no City Liquor License)
	Attach a diagram showing the liquor service area and the security provided.
	Attach a letter of intent for requesting the temporary license.
	The letter should include the nature of the event and whether it is public or private, address of the event,
	date and hours during which liquor will be sold/served, and the proposed use and disbursement of profits from the sales.
	(If sales are to be made on a premise other than your own) attach a letter of consent from the owner and/or
	person with lawful responsibility for premise from which license is being requested.
	(If sales will be in any city parks) attach a copy of permission from Parks and Recreation Department.
	Attach liquor liability insurance.
	Insured must list the corporate name, doing business as, address of event, policy #, and dates of liquor
	coverage.
Liquor, Wi	ne or Malt (3.2) On Sale-Temporary (for non-profit organizations only)
	Attach proof of non-profit status and letter of intent for requesting the temporary license.
	The letter should include the nature of the event and whether it is public or private, address of the event,
	date and hours during which liquor will be sold/served, and the proposed use and disbursement of profits
	from the sales (If sales are to be made on a premise other than your own) attach a letter of consent from the owner and/or
	person with lawful responsibility for premise from which license is being requested.
	(If sales will be in any city parks) attach a copy of permission from Parks and Recreation Department.
	Attach liquor liability insurance.
	Insured must list the corporate name, doing business as, address of event, policy #, and dates of liquor
	coverage.
NOTE	Alcohol Awareness Training is required yearly per organization.
	Limit of one (1) temporary license per organization at any one location within a 30-day period.

No outside service area shall be permitted unless safety barriers or other enclosures are provided. No outside service area shall be located on public property or upon any street, alley, or sidewalk.